

428

# ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_

Registrar's No. 353

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location 23 W 17th St  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 80 yrs; In Arizona 80 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Pima (c) City or Town Tucson  
(If outside city limits also write RURAL)  
(d) Street No. 23 W 17th St (e) If foreign born, in U. S. A. \_\_\_\_\_ yrs.  
3. (a) FULL NAME Feleccidad Contreras (b) If veteran name far (c) Social Security No. none  
(If NONE write the word)

4. Sex Female 5. Color or Race Mexican 6. (a) Single, married, widowed or divorced widowed

6. (b) Name of husband or wife Julian Contreras 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased Aug 20 1855  
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 5 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace California  
(City, town or county) (State or Country)

10. Usual Occupation \_\_\_\_\_

11. Industry or Business at home

12. Name Reyes Rodriguez  
13. Birthplace Sanora Mexico  
(City, town or county) (State or Country)

14. Maiden Name Theresa Unknown  
15. Birthplace Mexico  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. J. E. Lavo  
(b) Address Tucson, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Holy Hope (c) Date 4-28 1941

18. (a) Embalmer's Signature Thos A Kelly 216  
(b) Funeral Director Kelly Undertaking Co  
(c) Address Tucson Ariz

19. (a) April 28, 1941  
(Date received local Registrar)

(b) H. H. Hamard, M.D.  
(Registrar's Signature)

20M 100% Rag 9/23/40

## MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 4-25, 1941;  
TIME (Hour and minute) 4:10 P M.

21. I hereby certify that I attended the deceased from 2-16-41  
\_\_\_\_\_, 19\_\_\_\_ to 4-25-41, 19\_\_\_\_;  
that I last saw her alive on 4-24-41, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis  
arteriosclerosis  
Due to Renal insufficiency

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Thos A Kelly M.D.  
Address 216 Kelly National Bldg  
4-26-41

## DURATION

years  
years  
3 months

## PHYSICIAN

Underline the cause to which death should be charged statistically.